

## 2018 Current Fiscal Year Report: Physician-Focused Payment Model Technical Advisory Committee

Report Run Date: 06/05/2019 12:30:23 PM

### 1. Department or Agency

Department of Health and Human Services

### 2. Fiscal Year

2018

### 3. Committee or Subcommittee

Physician-Focused Payment Model Technical Advisory  
Committee

### 3b. GSA Committee No.

2559

### 4. Is this New During Fiscal Year?

No

### 5. Current Charter

01/05/2016

### 6. Expected Renewal Date

### 7. Expected Term Date

### 8a. Was Terminated During FiscalYear?

No

### 8b. Specific Termination Authority

### 8c. Actual Term Date

### 9. Agency Recommendation for Next FiscalYear

Continue

### 10a. Legislation Req to Terminate?

### 10b. Legislation Pending?

### 11. Establishment Authority

Statutory (Congress Created)

### 12. Specific Establishment Authority

42 U.S.C. §1395ee(c)(1)

### 13. Effective Date

04/16/2015

### 14. Committee Type

Continuing

### 14c. Presidential?

No

### 15. Description of Committee

National Policy Issue Advisory Board

### 16a. Total Number of Reports

No Reports for this  
FiscalYear

### 17a. Open 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0 Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$690,247.00	\$874,471.00
18a(4). Personnel Pmts to Non-Member Consultants	\$3,542,307.15	\$3,422,031.96
18b(1). Travel and Per Diem to Non-Federal Members	\$41,475.23	\$41,475.23
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$1,428.62	\$1,428.62

<b>18c. Other(rents,user charges, graphics, printing, mail, etc.)</b>	\$77,239.00	\$110,593.19
<b>18d. Total</b>	\$4,352,697.00	\$4,450,000.00
<b>19. Federal Staff Support Years (FTE)</b>	4.00	5.00

**20a. How does the Committee accomplish its purpose?**

The establishing statute requires the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to review physician-focused payment model (PFPM) proposals submitted by individuals and stakeholder entities and make comments and recommendations to the Secretary of Health and Human Services (HHS) regarding the extent to which such models meet criteria established by the Secretary. In FY 18 the Committee delivered comments and recommendations to the Secretary on 12 proposals. It will continue to review proposals and send comments and recommendations to the Secretary in future fiscal years on an ongoing basis.

**20b. How does the Committee balance its membership?**

The establishing statute requires that the Comptroller General of the United States appoint PTAC members.

**20c. How frequent and relevant are the Committee Meetings?**

The number of PTAC meetings per year are influenced by the number of proposals that PTAC receives from individual and stakeholder entities. However, PTAC aims to meet quarterly.

**20d. Why can't the advice or information this committee provides be obtained elsewhere?**

The establishing statute requires PTAC, whose membership must include individuals with national recognition for their expertise in PFPMs and related delivery of care, to review PFPM proposals submitted by individuals and stakeholder entities and make comments and recommendations to the Secretary regarding the extent to which such models meet criteria established by the Secretary.

**20e. Why is it necessary to close and/or partially closed committee meetings?**

**21. Remarks**

PTAC members who reside locally, as per federal travel regulations, are only reimbursed local travel expenses (e.g., mileage and parking). They do not receive a per diem reimbursement. This is why these four PTAC members' pay plan is listed as "Other". The

designation for all members is listed as "Ex Officio" due to the absence of an "Other" category. It has been determined that PTAC members are neither special government employees nor representatives.

## Designated Federal Officer

Sarah Selenich DFO

Committee Members	Start	End	Occupation	Member Designation
Bailet, Jeffrey	11/02/2015	11/02/2018	Executive Vice President, Health Care Quality and Affordability, Blue Shield of California	Ex Officio Member
Berenson, Robert	11/02/2015	11/02/2018	Institute Fellow, Urban Institute	Ex Officio Member
Casale, Paul	10/17/2016	10/17/2019	Executive Director, New York Quality Care, New York-Presbyterian, Columbia University College of Physicians and Surgeons, Weill Cornell Medicine	Ex Officio Member
Ferris, Tim	10/17/2016	10/17/2019	Chief Executive Officer, Massachusetts General Physicians Organization	Ex Officio Member
Medows, Rhonda	10/02/2017	10/01/2020	President of Population Health Management, Providence St. Joseph Health	Ex Officio Member
Miller, Harold	10/02/2017	10/01/2020	President and Chief Executive Officer, Center for Healthcare Quality & Payment Reform	Ex Officio Member
Mitchell, Elizabeth	11/02/2015	11/02/2018	Senior Vice President, Healthcare & Community Health Transformation, Blue Shield of California	Ex Officio Member
Nichols, Len	10/02/2017	10/01/2020	Director, Center for Health Policy Research and Ethics, George Mason University	Ex Officio Member
Patel, Kavita	11/02/2015	11/02/2018	Nonresident Senior Fellow, Brookings Institution	Ex Officio Member
Steinwald, Bruce	10/17/2016	10/17/2019	President, Bruce Steinwald Consulting	Ex Officio Member
Terrell, Grace	10/02/2017	10/01/2020	Chief Executive Officer, Envision Genomics	Ex Officio Member

**Number of Committee Members Listed: 11**

## Narrative Description

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which established PTAC, changed the way that Medicare pays physicians and other clinicians and created incentives for them to participate in alternative payment models (APMs). PTAC provides an opportunity for stakeholders to have a role in APM development. PTAC's comments and recommendations on stakeholder-submitted proposals assist HHS as it considers new models.

**What are the most significant program outcomes associated with this committee?**

Checked if Applies

Improvements to health or safety



Trust in government



Major policy changes



Advance in scientific research



Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

## Outcome Comments

### What are the cost savings associated with this committee?

	Checked if Applies
None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

## Cost Savings Comments

Cost savings will depend upon how many proposals PTAC receives, the nature of those models, how many it recommends to the Secretary, and the outcomes of testing of the models by HHS.

### What is the approximate Number of recommendations produced by this committee for the life of the committee?

12

## Number of Recommendations Comments

In FY 18, PTAC delivered comments and recommendations to the Secretary on 12 PFPM proposals.

### What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

25%

## % of Recommendations Fully Implemented Comments

PTAC did not recommend two proposals and deemed two proposals as not applicable. The Secretarial responses agreed with these findings. PTAC recommended 4 proposals for implementation and 4 for limited-scale testing. The Secretarial responses did not commit to implementation or limited-scale testing of any of the recommended proposals, and such implementation takes time. However, several responses expressed agreement that a model that addresses the same conditions in the proposal should be tested or signaled an interest in the proposed idea and a desire to continue to engage the submitter.

**What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?**

17%

**% of Recommendations Partially Implemented Comments**

The Secretarial responses did not commit to implementation or limited-scale testing of any of the recommended proposals, and such implementation takes time. However, the Secretarial responses expressed particular interest in 2 proposals and agreed that a model aimed at serious illness should be tested.

**Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?**

Yes ☒ No ☐ Not Applicable ☐

**Agency Feedback Comments**

The establishing statute requires that the Secretary review the comments and recommendations submitted by PTAC and post a detailed response to such comments and recommendations on the Centers for Medicare & Medicaid Services website.

Secretarial responses are available at <https://innovation.cms.gov/initiatives/pfpms/>

**What other actions has the agency taken as a result of the committee's advice or recommendation?**

Checked if Applies

Reorganized Priorities	<input type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Action Comments**

N/A

**Is the Committee engaged in the review of applications for grants?**

No

**Grant Review Comments**

**How is access provided to the information for the Committee's documentation?**

Checked if Applies

Contact DFO



Online Agency Web Site



Online Committee Web Site



Online GSA FACA Web Site



Publications



Other

**Access Comments**